



INTERN APPLICATION

Position Applied For: _____

Location: _____

Semester and Year: _____

Full Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

EDUCATION:

High School: _____ Year Graduated: _____

Name and Location

Name and Location of college	Hours	Degree Rec'd	Major	Minor	Dates Attended
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1. _____

2. _____

3. _____

WORK EXPERIENCE:

Title: _____

Duties: _____

Equipment Used: _____

Employer: _____

Address: _____

Phone: _____

Type of Business: _____

Supervisor: _____

Dates: _____ To _____

Full Time: _____ Part time: _____ Hrs/Week: _____

Title: _____

Duties: _____

Equipment Used: _____

Employer: _____

Address: _____

Phone: _____

Type of Business: _____

Supervisor: _____

Dates: _____ To _____

Full Time: _____ Part time: _____ Hrs/Week: _____

Title: _____

Duties: _____

Equipment Used: _____

Employer: _____

Address: _____

Phone: _____

Type of Business: _____

Supervisor: _____

Dates: _____ To _____

Full Time: _____ Part time: _____ Hrs/Week: _____

Describe any computer skills—types of software and hardware you have used: _____

Describe your skills and knowledge that are applicable to the duties of the position: _____

What do you hope to learn and accomplish in this internship? _____

What kind of support do you need from DCR to have a successful experience? _____

Are you seeking college credit for this internship? _____ Yes _____ No

If yes, please attach any materials that explain your college's requirements.

Do you have any medical conditions that might affect your ability to perform the duties of this position? _____ Yes _____ No If yes, please describe: _____

Can you provide your own transportation on the job? _____ Yes _____ No

What is the preferred length of your internship? _____

How many hours per week can you work as an intern? _____

What days? (*Please circle*) Mon Tues Wed Thurs Fri Sat Sun

Time of day you prefer? (*Please circle*) Morning Afternoon Evening

REFERENCES:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Person to notify in case of emergency:

Name: _____

Relationship: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Applicant Signature: _____

Date: _____